

Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



October 25, 2011

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Misty's, 3930 Village Drive requesting a class C liquor license.

Chad Carlson, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved manager of a liquor license.

The required has been completed.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



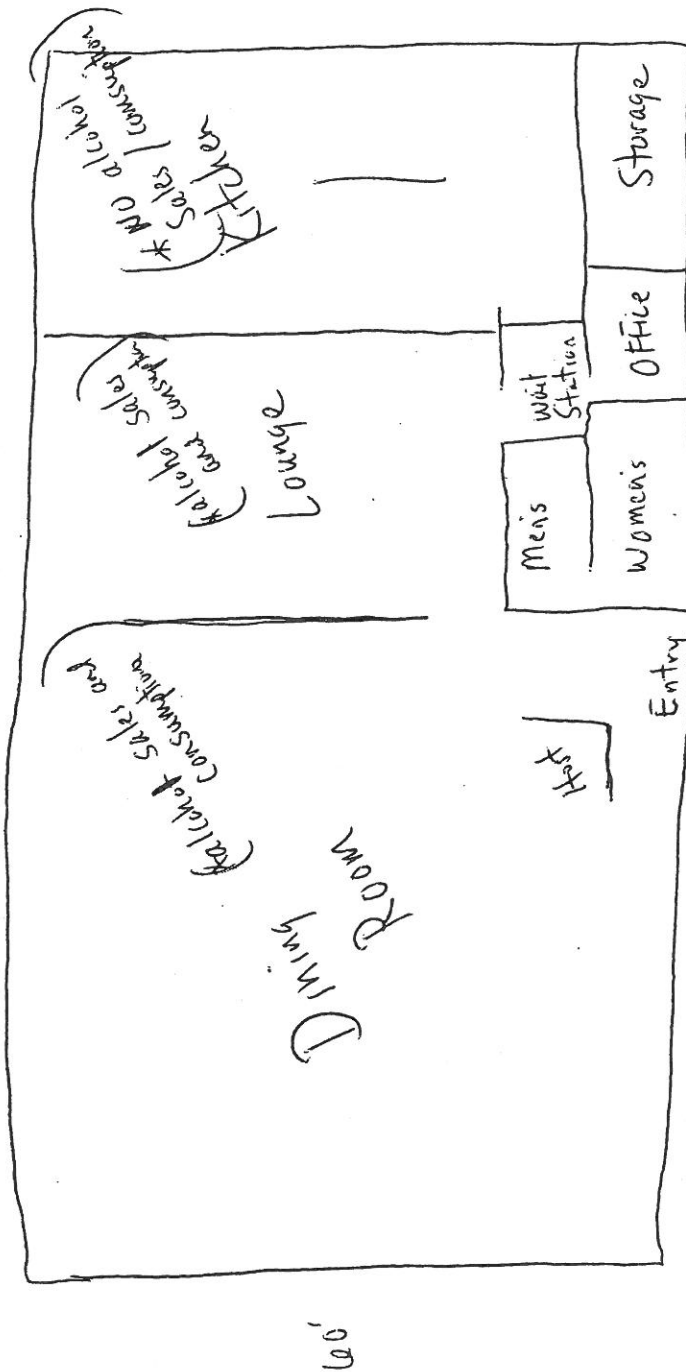
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 100 feet  
Width 60 feet

\* No Basement \* No outside

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



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NEBRASKA LIQUOR  
CONTROL COMMISSION

APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Paul J. Peter

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

C&RV, LLC 10152501

LLC Address: 6235 Havelock Ave.

City: Lincoln State: NE Zip Code: 68507

LLC Phone Number: 402-429-7766 LLC Fax Number: 402-476-7796

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Carlson First Name: Chad MI: W.

Home Address: 6100 Pine Knot Dr. City: Denton

State: NE Zip Code: 68339 Home Phone Number: 402-429-6443

[Signature]  
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska  
County of Lancaster

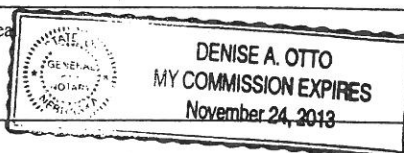
The foregoing instrument was acknowledged before me this

by Chad Carlson

name of person acknowledge

Date October 14, 2011

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Carlson First Name: Chad MI: W.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Krista J. Carlson

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 50%

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Last Name: Hummel First Name: A. MI: Reese

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Lavon J. Hummel

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 50%

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Carlson First Name: Chad MI: W.

Home Address (include PO Box if applicable): 6100 Pine Knot Dr.

City: Denton County: Lancaster Zip Code: 68339

Home Phone Number: 402-429-6443 Business Phone Number: 402-476-7766

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Council Bluffs, IA

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Carlson First Name: Krista MI: J.

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
1632 W. Garfield Circle, Lincoln, NE	1999	2008	1632 W. Garfield, Lincoln, NE	1999	2008
6100 Pine Knot Drive, Denton, NE	2008	present	6100 Pine Knot Drive, Denton, NE	2008	Present

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